Inter-Professional Harmony: An Evaluation of the Knowledge and Perception of Family Physicians by Other Healthcare Staff in a Tertiary Hospital in Nigeria

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ABSTRACT

Background: The Nigerian public health sector has been faced with the challenge of disharmony amongst members of the healthcare team, perhaps due to a lack of understanding of each health professional's roles. Family physicians are expected to lead primary care teams through effective inter-professional collaboration with other team members. This study assessed the knowledge and perception of family physicians by other healthcare staff in the family medicine department of a tertiary hospital in Nigeria.

Methods: This was a descriptive cross-sectional study of healthcare workers in the General Practice Clinic of a tertiary hospital in Nigeria. A pre-tested semi-structured questionnaire was used to obtain data on socio-demographics, knowledge, awareness and perception of family physicians from the respondents. IBM SPSS Statistics version 22.0 (Chicago, IL, USA) statistical software was used for data analysis.

Results: A total of 109 allied health care staff participated in this study, with a response rate of 97.3%. The mean age of participants was 39.1±6.8 years, with majority being females (70.6%), Nurses (28.4%), educated to tertiary level (90.8%), and in the 30-44-year age group (78.0%).
The overall knowledge and perception of family physicians and their scope of practice by other health care staff in the family medicine department was good, with over 70% knowing the scope and level of practice of family physicians. The respondents' knowledge of family physicians had a significant association with their perception, with those who recorded good knowledge having good perception.

Conclusion: Though the overall knowledge and perception of family physicians by other health care staff was good, there is need to educate healthcare workers on the specialty of family medicine and its practitioners, so as to enhance team work and harmony between family physicians and other healthcare staff, with the aim of improving the quality of patient care.

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INTRODUCTION

Health care systems are constantly undergoing reforms to make them able to cope with emerging challenges and improve access to quality care (Romanow 2002; Howell, 2005; Australian Department of Health and Ageing, 2009; Department of Health, 2010).

When properly developed and implemented, these reforms which include strengthening healthcare teams and inter-professional collaboration, have

been found to improve health indicators (Forrest & Whelan, 2000; Starfield et al.,2005; Enabulele, 2020).

The health care system of Nigeria is comprised of three levels of care, viz: primary, secondary and tertiary levels of care, with patients in need of more sophisticated facilities and expertise referred up the ladder, from primary to secondary, and then to the tertiary level of care (Enabulele &Enabulele, 2018). Amongst these levels of care, the primary level of care is generally considered a very important component and backbone of the national healthcare system (Federal Ministry of Health, 1988; World Health Organization.,2008)

At this level of care, family physicians and other primary care physicians provide healthcare services with the support of other healthcare staff. Family Physicians are physicians who are educated and trained in the discipline of family medicine, and who possess unique attitudes, knowledge, skills and demonstrable clinical competence over a wide variety of disease conditions, that qualify them to provide comprehensive, integrated, coordinated and continuing medical care to each member of a family, regardless of sex, age, type of problem or disease, be it biologic, behavioural, or social (World Organization of National Colleges, Academies and Academic Associations of General Practitioners/Family Physicians (WONCA),1991; American Academy of Family Physicians (AAFP), 1993; Rakel & Rakel, 2011; Enabulele & Enabulele,2017).Family physicians are expected to lead primary care teams through effective inter-professional collaboration aimed at achieving a common purpose (Hansson et al., 2008).

This is similar to what obtains in the study setting where family physicians lead the primary medical care team in the hospital's family medicine department and collaborate with other health care professionals and healthcare staff/workers (such as Nurses, Pharmacists, Medical laboratory scientists, Medical records staff, etc.), to achieve quality health care delivery and improved patient satisfaction (Enabulele, 2020).

The foregoing notwithstanding, it is important to note that despite efforts to reform Nigeria's health care system (Federal Ministry of Health in Nigeria, 2010; Ewurum et al., 2015; Suleiman et al., 2017), it has been facing some challenges, one of which is inter-professional disharmony in the public health sector, characterized by bitter contentions for turf, income, and status, by various health professional groups. Though some efforts have been made by government and various other bodies to address this challenge with unremarkable success thus far (The 247UREPORTS, 2013; PM NEWS, 2014), it has been observed that this inter-professional disharmony with evident implications for team work and health outcomes, may be attributable to poor understanding and perception of each health professional's roles and scope of practice (Enabulele, 2012).

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Giving the prime roles of family physicians in primary care, this study assessed the knowledge and perception of their roles and scope of practice, by their collaborating health professionals/healthcare staff in the family medicine department of a tertiary hospital in Nigeria, Sub-Saharan Africa. This was with the hope of identifying any gap in knowledge and perception of other healthcare staff and addressing the identified gap, with the aim of enhancing interprofessional knowledge and perception, improving interprofessional harmony and team work, as well as the quality of healthcare delivery.

MATERIALS AND METHODS

This was a descriptive cross-sectional study conducted in the month of October, 2024, amongst healthcare workers (Pharmacists, Medical Laboratory Scientists, Nurses, and other allied healthcare workers) working in the General Practice Clinic (GPC) of the University of Benin Teaching Hospital (UBTH), Benin City, Edo State, Nigeria. The University of Benin Teaching Hospital is a tertiary and teaching hospital founded in I973 and located in the South-South region of Nigeria. It has various clinical departments, amongst which is the Family Medicine Department. The General Practice Clinic of UBTH is administered by the Family medicine department and run by Family physicians who provide outpatient, first contact, comprehensive, integrated, coordinated and continuous medical care to patients who visit the clinic, and refer those in need of further specialist intervention to specialists in other clinical departments. The family physicians are usually supported in their duties by other healthcare professionals/healthcare staff such as Nurses, Pharmacists, Medical Laboratory Scientists, Records clerk, and other allied healthcare workers. The study sample consisted of the total population of allied health workers. Participation in the study was open to all healthcare workers in the family medicine department of UBTH who were medically fit and willing to participate, and consented to

participate in the study. Informed written and voluntary consent was obtained from all study participants. All the data obtained from the participants were kept strictly confidential.

A pre-tested semi-structured self-administered questionnaire was used to obtain data from the health care staff. The questionnaire had four sections:
Section A: Sociodemographic characteristics: this section obtained information on the age, gender, marital status, level of education, occupation, length of service and income of respondents. *Section B:* Awareness of family medicine – this obtained information on awareness of common terms in family medicine. *Section C:* Knowledge of family medicine and family physicians' practices – this section had 8 questions. Three of them open-ended and 5 closed-ended. Correct answers were scored 1 and wrong answers were given a score of 0. The knowledge score ranged from 0 to 8, and the mean score was 4. Those who scored below the mean were categorized as having poor knowledge while those who scored 4 and above were graded as having good knowledge. *Section D:* Perception of family physicians – this section had 6 questions. Each question was a five-point Likert scale, scored 1 to 5 from 'strongly disagreed' to 'strongly agreed'. The score ranged from 5 to 30, and the mean score was 23. Respondents who had below the mean score were classified as having poor perception and those who had 23 and above had good perception.

Data was entered using Microsoft excel. The data was checked for completeness, coded, grouped and analysed. Data analysis was conducted using IBM SPSS Statistics version 22.0 (Chicago, IL, USA). Descriptive statistics of the data was conducted such that continuous variables such as age were represented as mean and standard deviation, while categorical variables were described using frequency and percentages. Pearson's chi square was used to check for the association between categorical variables and the outcome variables (knowledge and perception of family medicine). Binary logistic regression was used to check the relationship between respondents' knowledge and perception of family medicine. Statistically significant association was set at a p-value of < 0.05

RESULTS

A total of 109 allied health care staff participated in this study out of a total of 112 available allied healthcare staff in the Family medicine department of UBTH, giving a response rate of 97.3%. The mean age of participants was 39.1±6.8. Majority were 30-44 years (78.0%), female (70.6%), married (61.5%), Christian (97.3%) and of the Benin tribe (34.9%). Tertiary education was the predominant level of education attained by the respondents (90.8%), and most respondents were nurses (28.4%), followed by administrative staff/record clerks (23.9%). Majority had worked for between 1 and 5 years (30.7%) and earned ₦54,000 and above (64.4%) (Table 1).

Figure 1 shows the awareness of different family medicine terms among the respondents. A vast majority were aware of the terms: family medicine (87.2%), family physician (87.2%) and family doctor (83.5%). Only 22.9% of the respondents had ever attended a seminar or activity organized by family physicians, 66.1% had never attended, while 11.0% were not sure. However, 73.4% of the respondents expressed interest in attending seminars or activities organized by family physicians, 0.9% expressed no interest, while 25.7% were not sure if they would like to attend seminars organized by family physicians.

Respondents' awareness of the terms-family medicine, family physician and family doctor were all statistically significant when assessed by their occupation (p=0.038, 0.022 and 0.016 respectively), with all pharmacists aware of the terms. However, the relationship between awareness of these terms and the respondents' length of service were not statistically significant (Table 2).

When asked what family medicine is, only 11 (10.1%) respondents could correctly state the standard definition in their response to the open-ended question. In like manner, 7(6.4%) and 9 (8.3%) could correctly state 'who is a family physician' and 'who is a family doctor' respectively, in their responses to the open-ended questions. Majority knew that family physicians provided continuing (76.2%), coordinated (72.5%) and comprehensive (72.5%) care to patients, and 70.6% knew that they provided this care to both individuals and families. While a vast majority (78.0%) knew that family physicians practiced in both private and public health facilities, a little over half (52.3%) were of the opinion that they practiced at all levels of healthcare (Table 3).

Figure 2 illustrates the respondents' knowledge of family physicians. 71.6% had good knowledge, while 28.4% had poor knowledge.

The relationship between respondents' sociodemographic characteristics and their knowledge of family physicians is shown in Table 4. Nurses had significantly higher proportion of good

knowledge (90.3%), while health assistants had the least proportion of good knowledge (53.8%). This relationship was statistically significant (p=0.046

Majority of the respondents (62.4%) had good perception of family physicians and family medicine, while over a third (37.6%) had poor perception (Figure 3)

Table 1: Socio-demographic characteristics of respondents

Socio-demographic characteristics	Frequency n=109	Percentage (%)
Age (years)		
Mean age:39.1±6.8		
<30	11	10.1
30-44	85	78.0
≥45	13	11.9
Gender		
Male	32	29.4
Female	77	70.6
Marital status		
Single	38	34.8
Married	67	61.5
Divorced/separated	4	3.7
Religion		
Christian	106	97.3
Islam	2	1.8
African traditional religion	1	0.9
Ethnic group		
Benin	38	34.9
Esan	26	23.9
Others	45	41.3
Highest level of education		
Primary/Secondary	10	9.2
Tertiary	99	90.8
Occupation		
Nurse	31	28.4
Pharmacist	17	15.6
Administrative staff/record clerk	26	23.9
Health assistant	13	11.9
Others	22	20.2
Length of service (n=91)		
1-5 years	28	30.7
6-10 years	27	29.7
11-15 years	19	20.8
≥16 years	17	18.8
Monthly income (₦) (n=90)		
<18,000	10	11.1
18-35,000	12	13.3
36-53,000	10	11.1
≥54,000	58	64.4

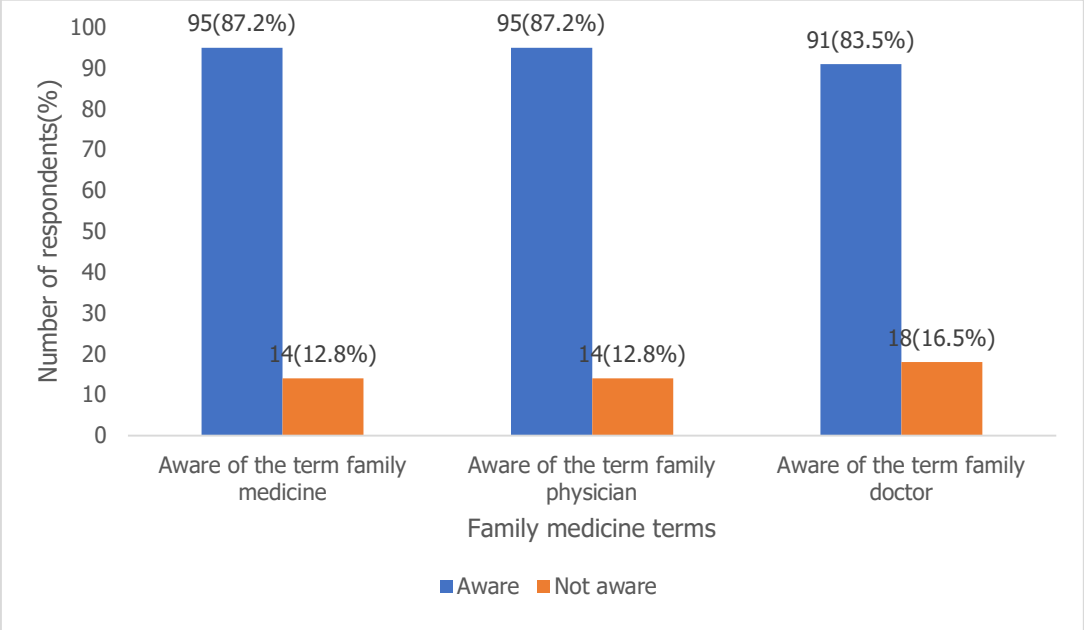

Figure 1: Respondents' awareness of family medicine terms

Table 2: Respondents' awareness of family medicine terms by their occupation and length of service.

	Family medicine		Family physician		Family doctor	
	Aware n=95(87.2%)	Not aware n=14(12.8%)	Aware n=95(87.2%)	Not aware n=14(12.8%)	Aware n=91(83.5%)	Not aware n=18(16.5%)
Occupation						
Nurse	28(90.3)	3(9.7)	29(93.5)	2(6.5)	27(87.1)	4(12.9)
Pharmacist	17(100.0)	0(0.0)	17(100.0)	0(0.0)	17(100.0)	0(0.0)
Administrative staff/record clerk	24(92.3)	2(7.7)	22(84.6)	4(15.4)	21(80.8)	5(19.2)
Health assistant	9(69.2)	4(30.8)	8(61.5)	5(38.5)	7(53.8)	6(46.2)
Others	17(77.3)	5(22.7)	19(86.4)	3(13.6)	19(86.4)	3(13.6)
Test statistics/ p value	χ^2=9.050; p=0.038*		χ^2=11.420; p=0.022*		χ^2=12.211; p=0.016*	
Length of service (n=91)						
1-5 years	24(85.7)	4(14.3)	24(85.7)	4(14.3))	23(82.1)	5(17.9)
6-10 years	24(88.9)	3(11.1)	23(85.2)	4(14.8)	23(85.2)	4(14.8)
11-15 years	18(94.7)	1(5.3)	19(100.0)	0(0.0)	18(94.7)	1(5.3)
≥16 years	16(94.1)	1(5.9)	15(88.2)	2(11.8)	14(82.4)	3(17.6)
Test statistics/ p value	χ^2=7.130; p=0.221		χ^2=5.196; p=0.392		χ^2=3.715; p=0.591	
*statistically significant						

In Table 5, it is shown that most respondents strongly agreed that family physicians are relevant to healthcare delivery (49.5%). Majority however agreed that the care delivered by family physicians can reduce overall cost of healthcare (41.3%). Majority also agreed that family physicians are the best suited to provide comprehensive care to patients (51.4%) and are better trained to attend to most medical conditions that most people have most of the time (45.9%). Most also agreed that family physicians are best suited to provide continuing care (43.1%) and coordinated care (52.3%).

The relationship between the respondents' sociodemographic characteristics and their perception of family physicians is shown in Table 6. None of these relationships showed statistical significance.

The respondents' knowledge of family physicians had a significant association with their perception. Majority of respondents who had good knowledge were seen to have good perception, 57(73.1%) and those with poor knowledge had poor perception, 20 (64.5%). Only 21 (26.9%) of those with good knowledge had poor perception and 11(35.5%) of those with poor knowledge had good perception. Binary logistic regression showed that good knowledge significantly increased the odds of having good perception by an odd of 4.935 (95% CI: 2.027-12.014), p<0.001.

Table 3: Respondents' responses to knowledge questions.

Questions	Frequency n=109	Percentage (%)
What is family medicine?		
Correct answer	11	10.1
Wrong answer	64	58.7
Did not attempt	34	31.2
Who is a family physician?		
Correct answer	7	6.4
Wrong answer	58	53.2
Did not attempt	44	40.4
Who is a family doctor?		
Correct answer	9	8.3
Wrong answer	60	55.0
Did not attempt	40	36.7
Do family physicians provide continuing care?		
Yes	83	76.2
No	6	5.5
I don't know	20	18.3
Do family physicians provide coordinated care to patients?		
Yes	79	72.5
No	7	6.4
I don't know	23	21.1
Do family physicians provide comprehensive care to patients?		
Yes	79	72.5
No	9	8.3
I don't know	21	19.3
Who do family physicians care for?		
Individuals only	2	1.8
Families only	15	13.8
Both individuals and families	77	70.6
I don't know	15	13.8
Where do family physicians practice?		
Private health facilities only	3	2.8
Public health facilities only	8	7.3
Both private and public health facilities	85	78.0
I don't know	13	11.9
At what care level do family physicians practice?		
Only primary level of care	10	9.2
Only secondary level of care/public general hospitals	2	1.8
Only tertiary level of care	10	9.2
Only primary and secondary levels of care	3	2.8
Only primary and tertiary levels of care	4	3.7
Only secondary and tertiary levels of care	6	5.5
At all levels of care	57	52.3
I don't know	17	15.6

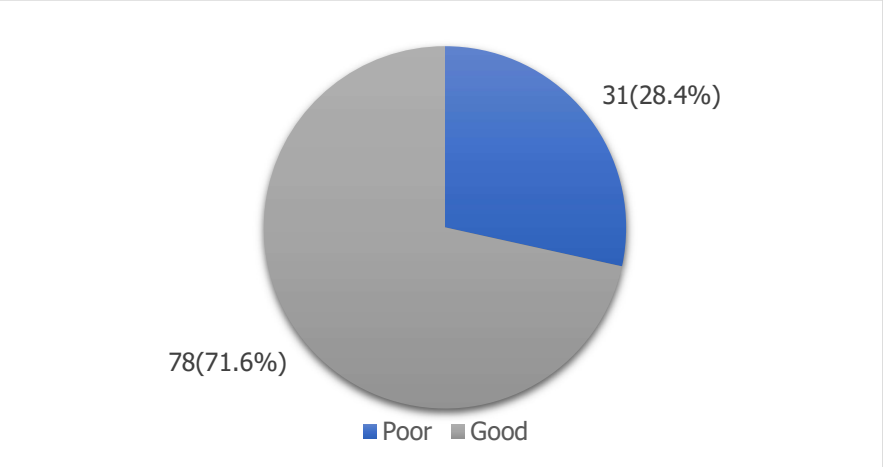

Figure 2: Respondents' knowledge of Family physicians

Table 4: Respondents knowledge of family physicians by their socio-demographic Characteristics

Socio-demographic characteristics	Knowledge of family physicians		Test statistic; p value
	Good n= 78(71.6%)	Poor n= 31 (28.4%)	
Age (years)			
<30	6(54.5)	5(45.5)	χ^2=1.873; p=0.392
30-44	63(74.1)	22(25.9)	
≥45	9(69.2)	4(30.8)	
Gender			
Male	19(59.4)	13(40.6)	χ^2=3.305; p=0.069
Female	59(76.6)	18(23.4)	
Ethnic group			
Benin	26(68.4)	12(31.6)	χ^2=0.566; p=0.757
Esan	20(76.9)	6(23.1)	
Others	32(71.1)	13(28.9)	
Highest level of education			
Primary/Secondary	5(50.0)	5(50.0)	χ^2=3.006; p=0.222
Tertiary	73(73.7)	26(26.3)	
Occupation			
Nurse	28(90.3)	3(9.7)	
Pharmacist	11(64.7)	6(35.3)	χ^2=8.853; p=0.046*
Administrative staff/record clerk	19(73.1)	7(26.9)	
Health assistant	7(53.8)	6(46.2)	
Others	13(61.9)	8(38.1)	
Length of service (n=91)			
1-5 years	18(64.3)	10(35.7)	
6-10 years	22(81.5)	5(18.5)	χ^2=5.016; p=0.414
11-15 years	15(78.9)	4(21.1)	
≥16 years	13(76.5)	4(23.5)	

*statistically significant

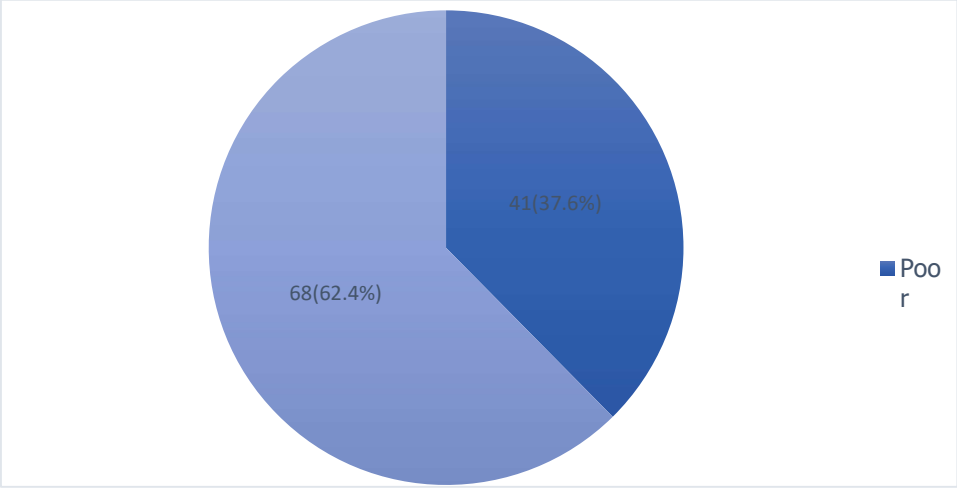

Figure 3: Respondents' perception of Family physicians

Table 5: Respondents' responses to perception questions

Questions	Frequency	Percentage(%)
Family physicians are relevant to healthcare delivery		
Strongly agree	54	49.5
Agree	38	34.9
Undecided	12	11.0
Disagree	4	3.7
Strongly disagree	1	0.9
The care delivered by family physicians can reduce overall cost of healthcare		
Strongly agree	31	28.4
Agree	45	41.3
Undecided	18	16.5
Disagree	11	10.1
Strongly disagree	4	3.7
Family physicians are best suited to provide comprehensive care to patients.		
Strongly agree	24	22.0
Agree	56	51.4
Undecided	22	20.2
Disagree	3	2.8
Strongly disagree	4	3.7
Family physicians are better trained to attend to most medical conditions that most people have, most of the time		
Strongly agree	23	21.1
Agree	50	45.9
Undecided	24	22.0
Disagree	11	10.1
Strongly disagree	1	0.9
Family physicians are best suited to provide continuing care		
Strongly agree	23	21.1
Agree	47	43.1
Undecided	28	25.7
Disagree	10	9.2
Strongly disagree	1	0.9
Family physicians are best suited to provide coordinated care		
Strongly agree	20	18.3
Agree	57	52.3
Undecided	28	25.7
Disagree	3	2.8
Strongly disagree	1	0.9

Table 6: Respondents' perception of family physicians by their sociodemographic Characteristics

Characteristics	Perception of family physicians		Test statistic/ p value
	Good n= 68(62.4%)	Poor n= 41(37.6%)	
Age (years)			
<30	8(72.7)	3(27.3)	X^2=3.867; p=0.145
30-44	55(64.7)	30(35.3)	
≥45	5(38.5)	8(61.5)	
Gender			
Male	21(65.6)	11(34.4)	X^2=0.203; p=0.653
Female	47(61.0)	30(39.0)	
Ethnic group			
Benin	23(60.5)	15(39.5)	X^2=0.156; p=0.925
Esan	17(65.4)	9(34.6)	
Others	28(62.2)	17(37.8)	
Highest level of education			
Primary/Secondary	7(70.0)	3(30.0)	X^2=4.107; p=0.128
Tertiary	61(61.6)	38(38.4)	
Occupation			
Nurse	21(67.7)	10(32.3)	
Pharmacist	12(70.6)	5(29.4)	X^2=1.749; p=0.782
Administrative staff/record clerk	15(57.7)	11(42.3)	
Health assistant	7(53.8)	6(46.2)	
Others	12(57.1)	9(42.9)	
Length of service (n=91)			
1-5 years	18(64.3)	10(35.7)	X^2=4.488; p=0.481
6-10 years	18(66.7)	9(33.3)	
11-15 years	12(63.2)	7(36.8)	
≥16 years	10(58.8)	7(41.2)	

DISCUSSION

This study was aimed at assessing the knowledge and perception of the roles and scope of practice of family physicians by their collaborating allied health professionals/healthcare staff. Majority of the respondents had good knowledge and good perception of family physicians and family medicine practice as a whole. This is very important as it is crucial that health care workers are knowledgeable about each other's roles and scope of practice in order to promote team work and harmony (Mash & Reid, 2010). This is more so as the World Health Organization (WHO) has acknowledged the critical importance and positive impact of family medicine and family physicians in the healthcare delivery system of nations (World Health Organization, 2008).

This survey showed that most allied healthcare staff were aware of the terms 'family doctor', 'family physician' and 'family medicine'. It is however surprising that any healthcare worker would be unaware of these terms, and in this case, 16.5%, 12.8% and 12.8% were not aware of the terms 'family doctor', 'family physician' and 'family medicine' respectively. Further analysis by their occupation revealed that whereas health assistants had a relatively low level of awareness, respondents who were clinical staff such as Nurses and Pharmacists, as well as Administrative staff had significantly higher proportion of awareness of these terms. This may be due to the proximity of the clinical staff to physicians. A health assistant for example may not need to be aware of the different cadres of physicians in order to carry out his/her duties, while a nurse or pharmacist will require this information.

Family medicine as a specialty is relatively new in Nigeria as postgraduate training commenced in 1981 (Pearson, 1979; Ayankogbe et al.,2015). However, family medicine fellows (specialists) are now distributed in the various levels of the healthcare system, serving as Consultant Family physicians in General hospitals, and tertiary hospitals such as University Teaching Hospitals and Federal Medical Centres, as well as mission hospitals, and General Practice Clinics where they head the primary care teams (Ayankogbe et al.,2015) For this reason, it is important that other members of the primary care team including nurses, pharmacists, medical laboratory scientists, administrative staff and health assistants have good knowledge of the roles of the family physician. It is therefore plausible that most of the

respondents in the present study had good knowledge of the specialty of family medicine.

The family physician is a primary medical care team leader who ensures high quality of continuing, comprehensive, holistic and personalised care to individuals, families and communities (Mash & Reid, 2010). In the present study, while the standard definitions of the terms 'family medicine', 'family doctor' and 'family physician' were generally not correctly stated, perhaps due to the open-ended nature of the questions, most people knew about the role of family physicians: to provide continuing, coordinated and comprehensive care to individuals and families. It was also common knowledge among the study participants that family physicians can practice at all levels of care and in both public and private facilities. Health assistants and other healthcare staff, including cleaners had significantly poorer knowledge about the duties of a family physician. A likely explanation could be that this cadre of staff do not work directly with physicians and may therefore not understand or even be interested in the specific roles of different types of physicians.

Studies have shown that family medicine has impacted positively on health outcomes (Mash & Reid, 2010; Swanepoel et al., 2014). Primary health care facility managers in Cape town, South Africa, had very good perception of family medicine, stating that they introduced clinical proficiency and clinical governance that improved the overall health outcome (Swanepoel et al., 2014). In our study, just under two-thirds of the participants had good perception of family medicine, though this did not show any significant difference across respondents' characteristics. It has been stated in previous researches that family physicians curb the cost of healthcare not only by their medical decision-making priorities and care delivery processes, but by their individualization of patient management (Young et al., 2013; Swanepoel et al., 2014). In this study, about 70% either agreed or strongly agreed that care delivered by family physicians leads to reduced healthcare cost.

Respondents with good knowledge of the roles of family physicians were 4.9 times more likely to have a good perception of the specialty. The current changes in health care and a global demand for quality patient care have necessitated a need for health care professional development with a great focus on patient centred teamwork approach (Babiker et al., 2014). Having a good perception of family physicians leads to improved collaboration among the different cadres of healthcare staff, such that there is increased confidence in the physician, and decisions made by a family physician will more likely be dutifully implemented by other healthcare staff, without questioning the competence or role of the family physician. Though knowledge and perception of family physicians were generally good in this study, there's still some room for improvement and this can be done through sustained education of healthcare workers on the roles and importance of family physicians, and on the broad scope of family medicine.

This study had some limitations, including the paucity of previous studies on the subject, which made comparative analysis of the study findings quite difficult. The fact that it was a cross-sectional study conducted in only one family medicine department, may affect its generalization to other family medicine departments and health care workers in Nigeria. However, the study and its findings provide a good framework for similar studies in other locations.

CONCLUSION

The overall knowledge and perception of family physicians and their scope of practice by other health care staff in the family medicine department was good. Staff that worked more closely with family physicians such as nurses and pharmacists, had better knowledge of the scope of family medicine as well as the roles of a family physician. Good knowledge of family medicine increased the chance of having good perception by almost five-fold. It is therefore recommended that sustained efforts be made by both the Heads of family medicine departments in each hospital and Family medicine societies such as the Society of Family Physicians of Nigeria (SOFPON) to create more awareness and educate more healthcare workers on the specialty of family medicine and its practitioners. This will help to enhance team work and interprofessional harmony between the family physicians and allied healthcare staff, with improvement in the quality of patient care and health outcomes. Additionally, the yearly Family doctors' day and other activities organized by Family medicine societies/associations, as well as family medicine departmental seminars and activities could be explored to create more awareness and knowledge about Family physicians and the specialty of family medicine.

COMPETING INTERESTS

The author declares no competing interests.

FUNDING

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